713-623-4844

Tolephone

Under the Pape	rwork Reduction Act	of 1995, no persons are requ	ired to r	espond to a collection	n of information	ark Omce: U.S. DEP. unless It displays a	ARTMENT OF COMMERCE valid OMB control number
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete # Known			
FEE TRANSMITTAL				pplication Number 10/611,805			
				Ting Date ·	June 30, 2003		
for FY 2006				irst Named Inventor	SUN et al.		
Applicant claims small entity status. See 37 CFR 1.27				xaminer Name	Michael P. Alexander		
TOTAL AMOUNT OF PAYMENT				rt Unit	1742		
		(\$) 500.00		Horney Docket No.	APPM/006877/PPC/CMP/CKIM		
METHOD OF PAYMENT (check all that apply)							
☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify) :							
Deposit Account Deposit Account Number 50 1074/000077/DD0/0000179/00001							
☑ Deposit Account Deposit Account Number: 50-1074/006877/PPC/CMP/CKIM Deposit Account Name: Applied Materials, Inc.							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below							
The state of the s							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments Under 37 CFR 1.16 and 1.17							
WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
FEE CALCULATION							
		ND EXAMINATION FE					
W ENGIOTIE	FILING			CH FEES	EYARA	NATION FEES	
		Small Entity		Small Entity	EXAM	Small Entity	
Application 7			Fee(\$)		Fee(\$)	Fee(\$)	Fees Paid (\$)
Utility	300		500	250	200	100	Teco Laid (a)
Design	200		100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Fee (\$)
Each claim over 20 (including Reissues)							25
Each independent claim over 3 (including Reissues) Multiple dependent claims						200	100
Total Claims Extra Claims Fee(\$)				an Date (6)		360	180
	or HP=	X (GE(4)	_ =	ee Paid (\$)			Dependent Claims
		aid for, if greater than 20,				Fee (\$)	Fee Paid (\$)
Indep. Claims	Extra C		F.	ee Paid (\$)			
3	or HP=	X CCCC		co raid (a)			
HP = highest nu	mber of independent	laims paid for, if greater than	3.				
3. APPLICATION	SIZE FEE						
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
Total Sheets Extra Shoots Number of 118(7)(G) and 37 CPR 1.16(8).							
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) -100 = /50 = (round up to a whole number) x							
OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g. late filing suspheres) , ADDEAL DOUGE							
500.00							
SUBMITTED BY							
ignalure	1/1/1/	1/14.0 01		Registration No.			
	V /COW O	v rue		(Afformav/Acces)	25.436	Tolephone 713-	623-4844

Name (Print/Type) Robert W. Mulcahy Date September 11, 2006 The codeding of information is required by 3f CFR 1,193. The information is required to obtain or retain a benefit by the public which is to the cent by the UEPTO to precess an application.

The codeding of information is required by 3f CFR 1,193. The information is endeaded to take 30 minutes to complete, breaker to the UEPTO to precess are admitted to the complete of the complete of the CFR of the UEPTO to the UEPT If you need assistance in completing this form, call 1-800-PTO-9199 (1-800-785-9199) and select option 2.